

Exhibit G

Use

The Doctor's® NightGuard™ is indicated for the protection against Bruxism or nighttime teeth grinding. It is intended to reduce damage to teeth and to prevent the noise associated with bruxing or teeth grinding.

The Doctor's® NightGuard™ is similar to the dental protector recommended by many dentists for nighttime teeth grinding with one advantage: you fit it yourself. After fitting, The Doctor's® NightGuard™ conforms to your teeth so it will be comfortable. And it will stay in place through the night. By cushioning and keeping the teeth apart, The Doctor's® NightGuard™ reduces the chances for tooth damage; and it stops the annoying grinding sound so your sleep partner will not be disturbed.

Description

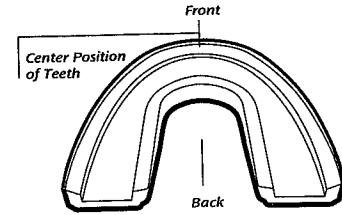
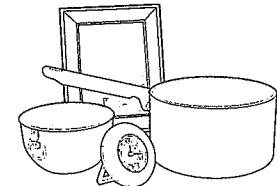
The Doctor's® NightGuard™ is a moldable dental protector, composed of a soft formable upper material and a hard base. This patented, 2-layered device safely and effectively prevents the noise associated with grinding while cushioning the teeth. When heated by water and then briefly cooled, the upper layer can be molded to fit comfortably around your upper teeth, forming a cushion. The hard base prevents bite-through by consumers with moderate or severe bruxing/grinding. The life of your dental protector will vary based on the force of your teeth grinding. The average dental protector should last six months or more.

For Best Results

Read and follow instructions BEFORE and DURING custom fitting the dental protector. The dental protector can be fitted on the upper or lower teeth, but upper is preferred.

What You Need to Begin

- A cup of cold water
- A pot to boil water
- A kitchen fork or spoon
- A mirror
- A clock with a second hand to time fitting steps in seconds.

**Test Fitting**

As soon as you remove the dental protector from the package, and before you begin boiling, conduct a "test fitting."

1. Position The Doctor's® NightGuard™ in your mouth to determine if you have properly chosen the small, medium or large size. You will know the sizing is correct if your teeth fit comfortably into the channel of the dental protector and if the arms of the U shape reach only to the end of your last molar.
2. If the arch (U-shape) of the dental protector is too narrow or too wide to fit the arch of your mouth, the dental protector can be altered during the final fitting.
3. If the length of the dental protector extends beyond your back molars in the test fitting, the dental protector can be shortened by using a single-edge razor blade or a sharp knife.

Final Fitting

After completing the test fitting, you are now ready to custom fit the dental protector.

Fill a pot with approximately three inches of water. Boil water until you see a rolling boil and bubbles. Let the water boil for one minute before inserting the dental protector into the water.

2. Submerge the dental protector into the boiling water for 60 seconds.
3. Using a fork or spoon, remove the dental protector from the boiling water and submerge it into the cup of cold water for one second to remove the heat from the dental protector.
4. Position the dental protector comfortably into your mouth. You can widen or narrow the dental protector at this point in the process by up to $\frac{1}{2}$ inch.
5. Once in place, firmly bite down into the dental protector.
6. Press in along the gum line using equal amounts of pressure on both sides of the "U" shape from the front of the dental protector to the rear molars. Be sure to use your fingers to mold the soft impression material up and around the teeth.
7. Suck in to remove excess moisture and create the suction that will allow the dental protector to stay comfortably in place on your upper teeth.
8. Once you feel you have attained a comfortable fit, remove the dental protector and place into the cup of cold water for another 30 seconds to "set" the mold.

Storage & Maintenance

Proper care of your dental protector will extend its life.

- After each use, simply rinse the dental protector in cool water or mouth wash.
- Store The Doctor's® NightGuard™ in the container provided when not in use.

Warnings

Do not use:

- If you are under 18 years of age.
- If you wear braces, dentures, or other dental products.
- If you can wiggle any of your teeth.
- If your dentist has told you that you have TMJ.
- If you have any tooth or jaw pain or pain with bruxing or tooth grinding.
- As an athletic mouth guard. Product does not absorb shock.
- For more than three months without consulting your dentist.

Ask a Dentist Before Use If You Have:

- Loose fillings, loose caps or cavities with no fillings.
- Clicking of your jaw.
- Jaw pain, teeth pain, face pain, or have a hard time chewing.
- Two or more missing teeth.
- Mouth sores.
- Gum disease or bleeding gums.
- Serious breathing, respiratory or other health problems.

When Using This Product:

- See your dentist every six months.

Stop Use and Ask a Dentist if:

- Your same symptoms last even after several weeks of use.
- The product easily falls out of your mouth.
- The product causes you to gag or feels uncomfortable.
- You have bleeding gums, soreness, or other reaction inside your mouth.
- You notice new symptoms (jaw pain, teeth pain, ear pain, headache, neck stiffness, or joint clicking) because of the product.
- You have loose teeth or a change in your bite that lasts more than a few minutes after taking product out.

Guaranteed Fit

Most consumers are able to obtain an excellent fit the first time they try. However, if you are not completely satisfied with the fit and comfort of this product, or if you purchased the wrong size for your mouth, please return the product to us and we will send you a new one. We will also "coach" you through the fitting process over the phone if you so desire. Simply complete the attached survey along with the cash register receipt and indicate the size of the needed replacement to:

Source 1 HTMT
1280 Wall Street West
Lyndhurst, NJ 07071
Or call 1-800-592-6661

**Help Us Improve Your Experience
with The Doctor's® NightGuard™**

In an effort to serve our customers better, we ask that you kindly take a few moments to provide your feedback in the survey below. Or, you may also visit our website at www.doctorsnightguard.com

Name _____

Mailing Address _____

Apt# _____ City _____ State _____ Zip _____

Email address _____

Daytime Phone Number _____

1. How did you first become aware that you grind your teeth?

Were you

- (a) told by the dentist,
- (b) told by a person who sleeps nearby,
- (c) experienced discomfort, or
- (d) other _____? (circle one)

2. Prior to this purchase, what if anything did you do about your teeth grinding? Was it

- (a) did nothing,
- (b) wore a dentist fitted guard,
- (c) wore The Doctor's® NightGuard™,
- (d) wore an athletic mouth guard, or
- (e) other _____? (circle one)

3. Is this your first, second or third+ purchase of The Doctor's® NightGuard™ (circle one).